

	Type	L #	Hits	Search Text	DBs	Time Stamp	Comments
1	BRS	L1	3	lobelia and hypnosis	USPAT	2002/01/1 3 09:16	
2	BRS	L2	0	1 and educational	USPAT	2002/01/1 3 09:05	
3	BRS	L3	0	1 and education	USPAT	2002/01/1 3 09:06	
4	BRS	L4	1	1 and information	USPAT	2002/01/1 3 09:06	
5	BRS	L5	5	lobeline and hypnosis	USPAT	2002/01/1 3 09:16	
6	BRS	L6	0	5 and education	USPAT	2002/01/1 3 09:16	
7	BRS	L7	0	5 and educational	USPAT	2002/01/1 3 09:16	
8	BRS	L8	0	5 and literature	USPAT	2002/01/1 3 09:16	
9	BRS	L9	0	5 and learning	USPAT	2002/01/1 3 09:17	

	Type	L #	Hits	Search Text	DBs	Time Stamp
1	BRS	L1	0	lobelia and hypnosis	US-PGPUB; EPO; JPO; DERWENT; IBM TDB	2002/01/1 3 09:23
2	BRS	L2	0	lobeline and hypnosis	US-PGPUB; EPO; JPO; DERWENT; IBM TDB	2002/01/1 3 09:23
3	BRS	L3	49	lobelia	US-PGPUB; EPO; JPO; DERWENT; IBM TDB	2002/01/1 3 09:23
4	BRS	L4	0	3 and (education or educational)	US-PGPUB; EPO; JPO; DERWENT; IBM TDB	2002/01/1 3 09:24
5	BRS	L5	0	3 and literature	US-PGPUB; EPO; JPO; DERWENT; IBM TDB	2002/01/1 3 09:24
6	BRS	L6	0	3 and instruction	US-PGPUB; EPO; JPO; DERWENT; IBM TDB	2002/01/1 3 09:24

Welcome to DialogClassic Web(tm)

Dialog level 01.12.27D
Last logoff: 31dec01 11:13:42
Logon file405 13jan02 09:44:26

*** ANNOUNCEMENTS ***

**Connect Time joins DialUnits as pricing options
on Dialog. See HELP CONNECT for more information.

Important Notice to Freelance Authors
See HELP FREELANCE for more information.

**Import notice to academic and public libraries
regarding newspaper file access.
See HELP LIBRARY for more information.

NEW FILES RELEASED

***Disclosure Database (File 101)
***Financial Times Fulltext (File 476)
***Harris Business Profiler (File 537)
***Mergent Company Profiles (File 555)
***Mergent Company Snapshots (File 556)
***Mergent Company News Reports (File 557)
***NewsRx Weekly Reports (File 135)
***TRADEMARKSCAN-Japan (File 669) ***Weldasearch (File 25)
***Teme - Technology and Management (File 95)

UPDATING RESUMED

***Delphes European Business (File 481)

RELOADED

***Adis Clinical Trials Insight (File 173)
***CLAIMS/US PATENTS (Files 340, 341, 942)
***Kompass Middle East/Africa/Mediterranean (File 585)
***Kompass Asia/Pacific (File 592)
***Kompass Central/Eastern Europe (File 593)
***Kompass Canada (File 594)

New document supplier

IMED has been changed to INFOTRIE (see HELP OINFOTRI)

***Get immediate news with Dialog's First Release
news service. First Release updates major newswire
databases within 15 minutes of transmission over the
wire. To search First Release files in OneSearch
simply BEGIN FIRST.

*** DIALOG HOMEBASE(SM) Main Menu ***

Information:

1. Announcements (new files, reloads, etc.)
2. Database, Rates, & Command Descriptions
3. Help in Choosing Databases for Your Topic
4. Customer Services (telephone assistance, training, seminars, etc.)
5. Product Descriptions

Connections:

6. DIALOG(R) Document Delivery
7. Data Star(R)

/H = Help

/L = Logoff

/NOMENU = Command Mode

Enter an option number to view information or to connect to an online service. Enter a BEGIN command plus a file number to search a database (e.g., B1 for ERIC).

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B 164, 5, 72, 172, 467, 149, 155, 91, 135, 50, 35, 73, 172, 71, 467, 229
13jan02 09:45:34 User264656 Session D17.1
\$0.00 0.290 DialUnits FileHomeBase
\$0.00 Estimated cost FileHomeBase
\$0.40 INTERNET
\$0.40 Estimated cost this search
\$0.40 Estimated total session cost 0.290 DialUnits

SYSTEM:OS - DIALOG OneSearch

File 164:Allied & Complementary Medicine 1984-2001/Feb
(c) 2001 BLHCIS

File 5:Biosis Previews(R) 1969-2002/Jan W1
(c) 2002 BIOSIS

File 72:EMBASE 1993-2002/Jan W1
(c) 2002 Elsevier Science B.V.

***File 72: For information about Explode feature please**
see Help News72.

File 172:EMBASE Alert 2002/Jan W1
(c) 2002 Elsevier Science B.V.

File 467:ExtraMED(tm) 2000/Dec
(c) 2001 Informania Ltd.

File 149:TGG Health&Wellness DB(SM) 1976-2002/Dec W5
(c) 2002 The Gale Group

File 155:MEDLINE(R) 1966-2002/JAN W3

***File 155: File temporarily is not updating. The updating will**
resume by the end of January 2002.

File 91:MANTIS(TM) 1880-2001/Oct
2001 (c) Action Potential

File 135:NewsRx Weekly Reports 1995-2002/Jan W2
(c) 2002 NewsRx

File 50:CAB Abstracts 1972-2002/Dec
(c) 2002 CAB International

***File 50: Truncating CC codes is recommended for full retrieval.**
See Help News50 for details.

File 35:Dissertation Abs Online 1861-2002/Jan
(c) 2002 ProQuest Info&Learning

File 73:EMBASE 1974-2002/Jan W1
(c) 2002 Elsevier Science B.V.

***File 73: For information about Explode feature please**
see Help News73.

File 71:ELSEVIER BIOBASE 1994-2002/Jan W1
(c) 2002 Elsevier Science B.V.

File 229:Drug Info. 2000/Q3
(c) 2000 Amer.Soc.of Health-Systems Pharm.

Set Items Description
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S LOBELIA AND HYPNOSIS
885 LOBELIA
21587 HYPNOSIS
S1 2 LOBELIA AND HYPNOSIS

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T/3,K/1-2

1/3,K/1 (Item 1 from file: 72)
DIALOG(R)File 72:EMBASE
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11413195 EMBASE No: 2001425500

Alternative therapies for the management of pain in labor and delivery

Gentz B.A.

Dr. B.A. Gentz, Clinical Anesthesiology, Univ. of Arizona Hlth. Sci. Center, College of Medicine, P.O. Box 245114, Tucson, AZ 85724-5114 United States

Clinical Obstetrics and Gynecology (CLIN. OBSTET. GYNECOL.) (United States) 2001, 44/4 (704-732)

CODEN: COGYA ISSN: 0009-9201

DOCUMENT TYPE: Journal ; Review

LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 74

MEDICAL DESCRIPTORS:

transcutaneous nerve stimulation; acupuncture; herbal medicine; massage; acupressure; hydrotherapy; hypnosis ; feedback system; music therapy; alfalfa; pepper; grass; oat; human; female; review

MEDICAL TERMS (UNCONTROLLED): lobelia

1/3,K/2 (Item 1 from file: 73)

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MEDICAL TERMS (UNCONTROLLED): lobelia

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S LOBELINE AND HYPNOSIS

1247 LOBELINE

21587 HYPNOSIS

S2 26 LOBELINE AND HYPNOSIS

?

S 2 AND EDUCATIONAL

Processing

Processed 10 of 14 files ...

Completed processing all files

10892338 2

214197 EDUCATIONAL

S3 56895 2 AND EDUCATIONAL

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S S2 AND EDUCATIONAL

26 S2

214197 EDUCATIONAL

S4 2 S2 AND EDUCATIONAL

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T/3,K/1-2

4/3,K/1 (Item 1 from file: 72)

DIALOG(R) File 72:EMBASE
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06639088 EMBASE No: 1996303908

Practice guideline for the treatment of patients with nicotine dependence

Hughes J.R.; Fiester S.; Goldstein M.; Resnick M.; Rock N.; Ziedonis D.; McIntyre J.S.; Charles S.C.; Zarin D.A.; Pincus H.A.; Altshuler K.Z.; Ayres W.H.; Bittker T.; Blinder B.; Clayton P.J.; Cook I.; Dickstein L.; Egger H.; Flamm G.; et al.

American Journal of Psychiatry (AM. J. PSYCHIATRY) (United States)
1996, 153/10 SUPPL. (1-31)

CODEN: AJPSA ISSN: 0002-953X

DOCUMENT TYPE: Journal; Review

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

...dependence that may be recommended based on individual circumstances. These include intensive behavior therapy (III), educational /supportive groups (III), exercise (III), hypnosis (III), anorectics (III), antidepressants (III), buspirone (III), higher than-normal dose transdermal nicotine (III), mecamylamine...

...fading, physiological feedback, relaxation, 12- step therapy, ACTH, acupuncture, anticholinergics, benzodiazepines, beta blockers, glucose, homeopathics, lobeline , naltrexone, nutritional aids, reduction devices, silver nitrate, sodium bicarbonate, and stimulants. Psychiatrists should assess the...

DRUG DESCRIPTORS:

...clonidine--adverse drug reaction--ae; clonidine--drug therapy--dt; clonidine--clinical trial--ct; corticotropin; cotinine; lobeline --drug therapy--dt; lobeline --adverse drug reaction--ae; mecamylamine --pharmacology--pd; mecamylamine--drug combination--cb; mecamylamine --clinical trial--ct...

...CAS REGISTRY NO.: 90-69-7 (lobeline); 60-40-2...

4/3, R/2 (Item 1 from file: 73)

DIALOG(R) File 73:EMBASE
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DRUG DESCRIPTORS:

...clonidine--adverse drug reaction--ae; clonidine--drug therapy--dt; clonidine--clinical trial--ct; corticotropin; cotinine; lobeline --drug

therapy--dt; lobeline --adverse drug reaction--ae; mecamylamine --pharmacology--pd; mecamylamine--drug combination--cb; mecamylamine --clinical trial--ct...
...CAS REGISTRY NO.: 90-69-7 (lobeline); 60-40-2...
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>>>'HIS' not recognized as set or accession number
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Set	Items	Description
S1	2	LOBELIA AND HYPNOSIS
S2	26	LOBELINE AND HYPNOSIS
S3	56895	2 AND EDUCATIONAL
S4	2	S2 AND EDUCATIONAL

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TYPE S4/FULL/1-2

4/9/1 (Item 1 from file: 72)

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06639088 EMBASE No: 1996303908

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The following executive summary is not intended to stand by itself. The treatment of smoking cessation requires the consideration of many factors and cannot be adequately reviewed in a brief summary. The reader is encouraged to consult the relevant portions of the guideline when specific treatment recommendations are sought. Recommended psychiatric management strategies that all smokers should receive are listed in table 7 (see page 7). Table 8 lists the recommended treatments and their ratings (see page 7). There are a number of promising treatments for nicotine dependence that may be recommended based on individual circumstances. These include intensive behavior therapy (III), educational/supportive groups (III), exercise (III), hypnosis (III), anorectics (III), antidepressants (III), buspirone (III), higher than-normal dose transdermal nicotine (III), mecamylamine (III), nicotine inhaler (III), and sensory replacement (III). Treatments that cannot be recommended at this time for the treatment of nicotine dependence (either because data indicating lack of efficacy or lack of sufficient evidence supporting efficacy) include: contingency contracting, cue exposure, hospitalization, nicotine fading, physiological feedback, relaxation, 12- step therapy, ACTH, acupuncture, anticholinergics, benzodiazepines, beta blockers, glucose, homeopathics, lobeline, naltrexone, nutritional aids, reduction devices, silver nitrate, sodium bicarbonate, and stimulants. Psychiatrists should assess the smoking status of all their patients on a regular basis. If the patient is a smoker, the psychiatrist discusses interest in quitting and gives explicit advice to motivate the patient to stop smoking, including a personalized reason the patient should stop (I). When possible, advice may come from multiple sources in addition to the psychiatrist; e.g., from other physicians, nurses, social workers, etc. (I). Written materials may be used as well as face-to-face interventions (II). Since many psychiatric patients are not ready to quit, the goal of advice will often be to motivate patients to contemplate cessation by reviewing the benefits of quitting, discussing barriers to quitting, and offering support and treatment (III). If the patient is interested in stopping smoking, a quit date should be elicited, treatment prescribed, and follow-up arranged (II). The minimal

initial treatment for those who wish to quit includes written materials, brief counseling, and follow-up visit or call 1-3 days after the quit date (II). If the patient has failed serious attempts without formal treatment, failed with nonpharmacological therapies, had serious withdrawal symptoms, or appears highly nicotine dependent, transdermal nicotine is recommended (I). If the patient prefers or if ad-lib dosing is needed, nicotine gum can be used instead of transdermal nicotine (I). If used alone, nicotine gum is to be taken on an every-hour basis (I). If the patient is a highly nicotine-dependent or heavy smoker, higher-dose nicotine gum should be used (I). Nicotine gum can also be used on an ad-lib basis to supplement transdermal nicotine therapy (II). If the patient has had trouble stopping smoking for nonwithdrawal reasons (e.g., due to skills deficits), he or she is a candidate for multicomponent behavior therapy (I). The more effective components of behavior therapy appear to be skills training/relapse prevention; rapid smoking, in which patients inhale cigarette smoke every few seconds; and stimulus control strategies (III). Some smokers also appear to benefit from group support (III). Combined behavior therapy and nicotine replacement improves outcome over either treatment alone and is recommended when available and acceptable to the patient (I); however, attending behavior therapy should not be prerequisite to receiving nicotine replacement therapy (I). For the smoker who has failed adequate treatment, as described previously, and who is interested in making another attempt to stop smoking, the psychiatrist should assess the adequacy of prior treatments and evaluate the patient for ongoing or residual alcohol, drug, or psychiatric problems that need treatment (II). If the patient has previously failed an adequate trial of transdermal nicotine and relapse appeared to be withdrawal related, three options are reasonable: a) ad-lib nicotine gum added to transdermal nicotine (II), b) oral or transdermal clonidine (II), or c) nicotine nasal spray (II). If relapse was due to reasons other than withdrawal (e.g., stress), multicomponent behavior therapy should be considered (I). If the patient has previously attended such therapy, more intensive individual behavior therapy (e.g., 1-2 times/week for 2-3 weeks) should be considered (III). Psychiatric and general medical patients who smoke and are on smoke-free wards should receive clear instructions about the no smoking policy, advice to stop smoking, and education about the symptoms and time course of nicotine withdrawal (III). Those patients who wish to use the smoke free ward to initiate a stop smoking attempt may receive the therapies outlined previously (I). Patients who do not wish to stop smoking permanently and who evidence nicotine withdrawal may be instructed in behavioral strategies to decrease withdrawal symptoms (III) and provided nicotine replacement (patch or gum) (II). There is a possibility that smoking cessation might modify psychiatric symptoms (see table 6, page 5) such that it interferes with the diagnosis and treatment of psychiatric disorders (8). Cessation can also dramatically alter blood levels of some psychiatric medications (see table 5, page 5) (8) (II).

BRAND NAME/MANUFACTURER NAME: nicotine polacrilex

DRUG DESCRIPTORS:

*nicotine--drug administration--ad; *nicotine--drug combination--cb; *nicotine--drug dose--do; *nicotine--drug therapy--dt; *nicotine--pharmacology--pd; *nicotine--pharmacokinetics--pk; *nicotine--adverse drug reaction--ae; *nicotine--clinical trial--ct; *nicotine gum--clinical trial--ct; *nicotine gum--drug dose--do; *nicotine gum--drug therapy--dt; *nicotine gum--pharmacokinetics--pk
acetic acid derivative; anorexigenic agent--clinical trial--ct; anorexigenic agent--drug therapy--dt; antidepressant agent--clinical trial--ct; antidepressant agent--pharmacology--pd; antidepressant agent--drug therapy--dt; bicarbonate; buspirone--clinical trial--ct; buspirone--drug therapy--dt; buspirone--pharmacology--pd; carbon monoxide; central stimulant agent; cholinergic receptor blocking agent; clonidine--adverse drug reaction--ae; clonidine--drug therapy--dt; clonidine--clinical trial--ct; corticotropin; cotinine; lobeline--drug therapy--dt; lobeline--adverse drug reaction--ae; mecamylamine--pharmacology--pd; mecamylamine--drug combination--cb; mecamylamine--clinical trial--ct; mecamylamine

--drug therapy--dt; naltrexone; psychotropic agent; silver; smokeless tobacco

MEDICAL DESCRIPTORS:

*drug dependence--diagnosis--di; *drug dependence--drug therapy--dt; *drug dependence--epidemiology--ep; *drug dependence--therapy--th
alcohol abuse; cancer; cardiovascular disease--diagnosis--di; cigarette smoking; clinical trial; demography; depression--diagnosis--di; drug efficacy; human; inhalational drug administration; intranasal drug administration; lung disease; medical research; oral drug administration; practice guideline; priority journal; psychiatric diagnosis; psychiatric treatment; psychopharmacotherapy; psychosocial care; review; schizophrenia--diagnosis--di; side effect--side effect--si; smoking cessation; transdermal drug administration; treatment planning; withdrawal syndrome--side effect--si; withdrawal syndrome--drug therapy--dt

CAS REGISTRY NO.: 54-11-5 (nicotine); 96055-45-7 (nicotine gum); 144-55-8, 71-52-3 (bicarbonate); 33386-08-2, 36505-84-7 (buspirone); 630-08-0 (carbon monoxide); 4205-90-7, 4205-91-8, 57066-25-8 (clonidine); 11136-52-0, 9002-60-2, 9061-27-2 (corticotropin); 486-56-6 (cotinine); 134-63-4, 134-64-5, 134-65-6, 90-69-7 (lobeline); 60-40-2, 826-39-1 (mecamylamine); 16590-41-3, 16676-29-2 (naltrexone); 7440-22-4 (silver); 64706-31-6 (smokeless tobacco)

SECTION HEADINGS:

- 017 Public Health, Social Medical and Epidemiology
- 032 Psychiatry
- 037 Drug Literature Index
- 038 Adverse Reaction Titles
- 040 Drug Dependence, Alcohol Abuse and Alcoholism

4/9/2 (Item 1 from file: 73)

DIALOG(R) File 73:EMBASE

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06639088 EMBASE No: 1996303908

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CODEN: AJPSA ISSN: 0002-953X

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anorexigenic agent--drug therapy--dt; antidepressant agent--clinical trial--ct; antidepressant agent--pharmacology--pd; antidepressant agent--drug therapy--dt; bicarbonate; buspirone--clinical trial--ct; buspirone--drug therapy--dt; buspirone--pharmacology--pd; carbon monoxide; central stimulant agent; cholinergic receptor blocking agent; clonidine--adverse drug reaction--ae; clonidine--drug therapy--dt; clonidine--clinical trial--ct; corticotropin; cotinine; lobeline--drug therapy--dt; lobeline--adverse drug reaction--ae; mecamylamine--pharmacology--pd; mecamylamine--drug combination--cb; mecamylamine--clinical trial--ct; mecamylamine--drug therapy--dt; naltrexone; psychotropic agent; silver; smokeless tobacco

MEDICAL DESCRIPTORS:

*drug dependence--diagnosis--di; *drug dependence--drug therapy--dt; *drug dependence--epidemiology--ep; *drug dependence--therapy--th
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Set	Items	Description
S1	2	LOBELIA AND HYPNOSIS
S2	26	LOBELINE AND HYPNOSIS
S3	56895	2 AND EDUCATIONAL
S4	2	S2 AND EDUCATIONAL

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